

Last Name	First Name	Position Applied For	Date
-----------	------------	----------------------	------

Return application to: **CORTLAND CITY SCHOOL DISTRICT**  
**1 Valley View Drive**  
**Cortland NY 13045**  
 Phone: (607) 758-4100  
 Fax: (607) 758-4128  
 www.cortlandschools.org

**TEACHING ASSISTANT EMPLOYMENT APPLICATION**

**PERMANENT ADDRESS** \_\_\_\_\_  
 Street Number City State Zip

**LOCAL ADDRESS** \_\_\_\_\_  
 Street Number City State Zip

**PHONE NUMBER:** Home \_\_\_\_\_ Work \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**HOW DID YOU HEAR OF THIS VACANCY:** \_\_\_\_\_

**PLEASE COMPLETE THE ENTIRE APPLICATION.**  
**IF ANY PART DOES NOT APPLY TO YOU, PLEASE INDICATE BY MARKING N/A.**  
**DO NOT WRITE, “REFER TO ACCOMPANYING RESUME.”**

Thank you for your inquiry about a position with Cortland City Schools.  
*Only completed applications will be considered.* To be complete, an application must include the following items:

- a) Completed Application
- b) Cover Letter
- c) Resume
- d) Three letters of reference
- e) Teaching Assistant, Teacher Certification **or**, if not certified, **proof** of Child Abuse and School Violence workshops plus proof of a passing score on the New York State Assessment of Teaching Assistant Skills Examination

You will be notified if you are selected for an interview.  
**Return all requested materials to the Personnel Office at the above address.**  
**No staples please!**

. The School District does not discriminate in employment or in the education programs and activities which it operates on the basis of sex, sexual orientation, age, ethnicity, religion, race, or handicap in violation of Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendment of 1972, or § 504 of the Rehabilitation Act of 1973 and the New York State Human Rights Law.

Equal Opportunity Employee

**A. PERSONAL INFORMATION**

NYS Retirement System Member? Yes ☐ No ☐ If yes, indicate number \_\_\_\_\_

Present Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Position \_\_\_\_\_ Salary \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?  
Yes ☐ No ☐

Have you ever been convicted of a felony or misdemeanor?\* Yes ☐ No ☐  
If yes, please explain (date, location, nature of act) \_\_\_\_\_

\*No applicant will be excluded from consideration for employment due to prior arrests or convictions.

**B. CERTIFICATION**

I hold the New York State Teaching/Administrative Certificate(s) described below: (please provide copies)

☐ Continuing ☐ Level I ☐ Level II ☐ Level III ☐ Pre-Professional **Teaching Assistant** \_\_\_\_\_  
Area Date Issued

☐ Permanent ☐ Professional ☐ Provisional ☐ Initial \_\_\_\_\_  
Area Date Issued

If you do not have a NYS Teaching Assistant Certificate, have you made application for one? Yes ☐ No ☐

Do you have an evaluation of your NYS certification status? Yes ☐ No ☐ (If yes, please enclose a copy)

Other licenses held; type and issuing authority \_\_\_\_\_

**C. PRIOR TENURE RECORD**

Have you ever received TENURE in any School District or Board of Cooperative Educational Services (BOCES) anywhere in New York State? Yes ☐ No ☐ If yes, please indicate:

Tenure area \_\_\_\_\_ Effective date \_\_\_\_\_

Name of District /BOCES \_\_\_\_\_

Were you ever dismissed from the school district conferring tenure pursuant to Education Law section 3020a?  
Yes ☐ No ☐

**D. EDUCATIONAL PREPARATION** (Please provide copy of transcripts for any college preparation.)

Name and location	Nature of Studies			
High School, Community College, College	Major	Minor	GPA	Degree

E. EDUCATIONAL WORK EXPERIENCE (List in Reverse Chronological Order)  
If substitute or part time service, indicate as such.

Dates:		Name of School District/State	Nature of Position Grade Level/Subject	Total Years	If full time, approximate annual salary
From	To				

F. OTHER WORK EXPERIENCE (List in Reverse Chronological Order)  
(Business, Trades, Summer Occupations - Include Military Service)

Dates:		Firm or Institution (include address)	Nature of Position	Relation to Full-time Work
From	To			

G. REFERENCES  
Enter the following information for three persons who have closely observed your work as a professional. Please start with your most recent supervisor. DO NOT LEAVE ANY SPACE BLANK.

Name	Title	Organization	Telephone Number

- H. APPLICANT’S STATEMENT: In your own handwriting, please describe:
- a. Why you are interested in this particular position?
  - b. What particular strengths you would bring to our district?
  - c. What additional personal information would you want to be considered in the evaluation of your application, including honors received, special talents or interests, travel, publications, advanced work, etc.

**IMPORTANT:** I understand that the Cortland City School District will make an extensive inquiry regarding my background and experience, and I hereby release from any liability anyone giving information regarding me (whether in my application or not) so long as the information is relevant to the duties for which I have applied. If requested, I will sign individual releases. I further understand that all information gathered by the District regarding my application will be the property of the employer and will not be released to me unless required by Federal or State statutes or regulations.

I certify that the information is accurate to the best of my knowledge, that the information provided by me may be shared with the hiring committee members. I understand that incorrect, incomplete or false statements may subject me to discharge.

Applicant’s Signature \_\_\_\_\_ Date \_\_\_\_\_